California State Board of Pharmacy
400 R Street, Suite 4070, Sacramento, CA 95814-6237
Phone (916) 445-5014
Fax (916) 327-6308
Website: www.pharmacy.ca.gov

STATE AND CONSUMER SERVICES AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GRAY DAVIS, GOVERNOR

Exemptee Experience Declaration

TO BE COMPLETED BY APPLICANT (please print or type)

Name of Applicant			Residence Telephone Number ( )
Residence Address Number and Street	City	State	Zip Code

To be completed by the person having direct knowledge of applicant's experience

(Please print or type. Check one box)

_____ was employed for at least one year of paid experience
(Name of Applicant)

performing the duties relating to the dispensing or distributing of dangerous drugs and devices in a:
☐ wholesaler; ☐ veterinary food-animal drug retailer; ☐ FDA licensed manufacturer; or
☐ other _____ (Specify location)

from _____ to _____ Number of years _____
(month/day/year) (month/day/year)

DO NOT state "current, present or still employed" (use exact dates)

Name and Address of Declarant/Employer

Name of declarant/other		Business License Number	
Address Number and Street	City	State	Zip Code
Name of Person Having Direct Knowledge (please print)	Board of Pharmacy License #	Telephone Number	

I declare under penalty of perjury under the laws of the State of California that all statements given herein are true and correct.

_____ _____
Signature of Person Having Direct Knowledge of Applicant's Work Experience — Position — Date